

Department of Mental Health/Mental Retardation
Division of Mental Illness
Office of Deaf Services

MI Division Policy: Ensuring Communication Access for Deaf and Hard of Hearing Consumers in MI Facilities

Purpose:

To ensure that consumers who are deaf or hard of hearing are promptly identify and provided with linguistically and culturally appropriate services as soon as possible upon admission to any MI Division facility.

Policy

When consumers who are deaf or hard of hearing are admitted to any DMH/MR MI facility the facility director will ensure that the following happen:

1. The admitting clinician (or other official designated as admissions officer) responsible for the client will contact the Office of Deaf Services within 24 hours of admission of a deaf or hard of hearing client.
 - 1.1. Determination of most effective mode of communication will be made in consultation with the Office of Deaf Services. It should not be assumed that simply because a patient can speak a few intelligible words that an interpreter is not necessary.
2. The Office of Deaf Services will be advised within one working day of any transfer of deaf consumers between facilities and between various units within facilities. The Office of Deaf Services will be informed of treatment and discharge planning meetings for all deaf consumers prior to their occurrence.
3. When a client uses sign language as a principle method of communication a qualified sign language interpreter will be called and shall be present at the earliest practical moment after notification that a deaf consumer is on route to the facility.
4. Clients who are deaf and who rely on signing as a principal method of communication shall have an interpreter present for the following:
 - 4.1. Intake, including interpreting any forms, permissions, and explanation of procedures, policies, or rules.
 - 4.2. Any clinical interaction, including, but not limited to, psychiatric assessment and consultation, medication check and adjustment, psychological consultation, assessment or treatment, social work, recreational, physical, or occupational therapy, psycho-educational classes or groups. Ideally, this would mean a deaf consumer who depends on sign language would have an interpreter a minimum of 8 hours daily.

5. No assessment for functioning or mental status may be conducted on any client who is deaf in the absence of either a clinician who is fluent in the communication system of the client's choice or a qualified mental health interpreter who is fluent in that system.
 - 5.1. The presence of interpreters should be noted in the records of any client with significant hearing loss. In the case of deaf clients who rely on sign language as their preferred method of communication it should be noted if an interpreter is not available, the assessment will be postponed until a qualified interpreter is available and the Office of Deaf Services will be notified.
 - 5.2. A signing clinician or a qualified mental health interpreter will be used with consumers who are deaf and who rely on sign language as a primary or secondary communication system unless such use has been waived in writing by the Office of Deaf Services. (The director of the Office may authorize Regional Coordinators of Deaf Services to give this consent.)
 6. The presence or absence of interpreters should be noted in the record of any client with significant hearing loss. In the case of deaf clients who rely on sign language as their preferred method of communication it must be noted if an interpreter is not available. In the eventuality that an interpreter is not available, the Office of Deaf Services will be advised of this in writing along with the reason for such unavailability.
 - 6.1. When the client does not use sign language this will be noted in the client record. The Office of Deaf Service will provide written waiver upon consultation with the facility.
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